

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42508

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. *791*
7003
Primary Registration District No. *4162 McPherson*

File No.
Registered No. *12266*
St. Ward)

2. FULL NAME

Adolph B. Hartmann

(a) Residence. No. *4162 McPherson* Ward. *19*
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *48* yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) *Lillie Hartmann*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 5 - 1857*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hr. or min.
<i>72</i>	<i>4</i>	<i>17</i>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Factory Foreman*
(b) General nature of industry, business, or establishment in which employed (or employer). *Iron Red & Spinning*
(c) Name of employer *Smith & Davis*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Canada*

10. NAME OF FATHER *J. M. Hartmann*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

14. INFORMANT *Mrs. J. E. Quember* (Address) *73231 Elm Maplewood*

15. FILED *DEC 17 1929* 19 *W. C. Stokely* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12 - 16 1929*

17. I HEREBY CERTIFY, That I attended deceased from *6-10*, 19*29*, to *12-16*, 19*29* that I last saw him alive on *12-15*, 19*29*, and that death occurred on the date stated above, at *2 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic
43 (duration) yrs. mos. ds.
45 H

CONTRIBUTORY (SECONDARY) *Bradycardia* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH *Home*

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF *None*

20. WAS THERE AN AUTOPSY? *None*

WHAT TEST CONFIRMED DIAGNOSIS? *Elimination* (Signed) *J. H. Quember*, M. D.

12-17 1929 (Address) *1504 So. Grand*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Peters* DATE OF BURIAL *Dec 18 1929*

20. UNDERTAKER *Parker and Co* ADDRESS *Webster Groves*

N. B.—Every item of information should be carefully supplied. AGE should be given exactly. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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15011 5 100 1.